

**SWORN STATEMENT IN PROOF OF LOSS**

PURSUANT TO S. 817.234, FLORIDA STATUTES, ANY PERSON WHO, WITH THE INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER OR INSURED, PREPARES, PRESENTS, OR CAUSES TO BE PRESENTED A PROOF OF LOSS OR ESTIMATE OF COST OR REPAIR OF DAMAGED PROPERTY IN SUPPORT OF A CLAIM UNDER AN INSURANCE POLICY KNOWING THAT THE PROOF OF LOSS OR ESTIMATE OF CLAIM OR REPAIRS CONTAINS ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION CONCERNING ANY FACT OR THING MATERIAL TO THE CLAIM COMMITS A FELONY OF THE THIRD DEGREE, PUNISHABLE AS PROVIDED IN S. 775.082, S. 775.803, OR S. 775.084, FLORIDA STATUTES.

**Please provide the following information regarding your insurance policy:**

Everest Indemnity Insurance Company, Westchester Surplus Lines  
Insurance Company, Arch Specialty Insurance Company, Homeland  
Insurance Company

Oceania III Condominium  
Association Inc.

NAME OF INSURANCE COMPANY

NAMED INSURED(S)

CA3P005825171 (Everest) D38073229-001 (Westchester),  
 ESP 7303758-00 (Arch), OAB298435 (Homeland)  
 POLICY NUMBER

\$41,979,696

AMOUNT OF POLICY LIMITS AT TIME OF LOSS

4/19/17  
 DATE ISSUED

4/19/18  
 DATE EXPIRES

Dawn M. Belin  
 INSURANCE AGENT

**Please provide the following information regarding your loss:**1. Claim Number: 6-5149 (Everest), KY20K2717836 (Westchester), 000013536340 (Arch), 0AB298435 (Homeland)2. Date of Loss: 9/10/17 – Hurricane Irma3. Time of Loss: Hurricane Irma [a.m./ p.m.]4. Property Address: 16485 Collins Avenue, Sunny Isles Beach, FL 331605. Cause of Loss: Describe the cause and origin of the loss: Hurricane Irma CAT1744**Please provide the following information regarding the above described property:**6. Title and Interest: [My/Our] Interest in the property involved at the time of loss was as follows: Full Ownership7. Occupancy: The premises described above was occupied at the time of the loss as follows: residential condominium units located at 16485 Collins Avenue, Sunny Isles, Florida 33160

8. Names of Mortgages/Lienholders: \_\_\_\_\_

Other than the insureds and any and all loss payees indicated in the policy of insurance, there are no other persons who have an interest or lien in the property involved, except for above named mortgage or lienholders, except: \_\_\_\_\_

9. Please list other policies of insurance which may cover the loss: \_\_\_\_\_


**Please provide the total amount of damages claimed for your loss:**

Building:	\$15,048,881.84
Contents	\$0.00
The Whole Loss Total:	\$15,048,881.84
Deductible:	\$1,259,390.88
Whole Amount Claimed Minus Deductible	\$13,789,490.96

The loss did not originate by any act, design, or procurement on your part; no property has been concealed, and no attempt to deceive the said company as to the extent of the loss has been made. The undersigned certify that the statements and information contained herein with respect to the loss reported are accurate and truthful to the best of [his/her/their] knowledge and belief.

Subrogation – To the extent of the payment(s) made or advanced under this policy, the Insured hereby assigns, transfers, and sets over to American Coastal Insurance Company, its representatives, affiliates, and/or subsidiaries, all rights, claims, and/or interest that the Insured has against any person, firm, corporation, and/or entity that may be liable for the loss or damage to the property for which payment is made or advanced.

The Insured hereby warrants that no release, settlement, compromise, or agreement has been given and/or reached with any third party who may be liable for damages to the Insured with regard to the claim being made herein. The furnishing of this blank form, or the preparation of proofs by a representative of American Coastal Insurance Company, affiliates, and/or subsidiaries is not a waiver of any rights.

  
Signature of Insured

Print Name: LEONA HIRSCHHORN


Signature of Insured

Print Name: \_\_\_\_\_

State of FLORIDA County of MIAMI-DADE

Sworn to and subscribed to before me on this 18 day of FEBRUARY, 20\_\_\_\_.

Notary Public, State of Florida

  
Personally known, or Produced: \_\_\_\_\_

